

THESIS PROPOSAL

for the Doctoral Program at the
Medical University of Vienna

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THESIS PROPOSAL

for the Doctoral Program at the
Medical University of Vienna

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acad. degree, first name, last name
(field of graduate study)
E-mail:

Location: Institute and address where thesis will be performed

Supervisor: Name and address of supervisor

Supported by: Name and address of granting institution, project, etc.

Date: month, year

Signature of the applicant

Summary and aim

Background

Operational objectives:

1st year

2nd year

Operational objectives:

3rd year

Working plan

1st year

Months 1-6

Months 7-12

Working plan

2nd year

Months 13-18

Months 19-24

Working plan

3rd year

Months 25-30

Months 31-36

References

Timelines

	1 st year		2 nd year		3 rd year	
	Months 1-6	Months 7-12	Months 13-18	Months 19-24	Months 25-30	Months 31-36